

# Appendix of Documents

## **STUDENT/PARENT CHECKLIST**

I have read, understand, and signed the following documents:

\_\_\_\_\_ Student/Parent Handbook Acknowledgment Form (A)

- Release of Information
- Notification of Rights under FERPA
- Attendance Policy
- COVID – 19 Handbook Supplement

\_\_\_\_\_ Student Registration/Emergency Information Form (B)

\_\_\_\_\_ Sharing Information with Medicaid/SCHIP/Other Programs (C)

\_\_\_\_\_ Student's Medical Authorization Form (D)

\_\_\_\_\_ Parental Trip/Copyright Permission Authorization (E)

\_\_\_\_\_ Language Inventory (F)

\_\_\_\_\_ Student Dental Examination Verification Form (G)

\_\_\_\_\_ Device Check Out Form (H)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please see or call the nurse for these forms: (Phone: 575-375-3003)**

\_\_\_\_\_ Authorization for Prescription Medication at School

\_\_\_\_\_ Authorization for Medication at School (Asthma and Diabetes)

\_\_\_\_\_ Diet Prescription for Special Meals in the Child Nutrition Program



# MAXWELL MUNICIPAL SCHOOLS

## Student/Parent Handbook Acknowledgment Form (2022-2023)

We, \_\_\_\_\_ and \_\_\_\_\_  
Student's Full Name Parent/Guardian's Name

have received a written copy of the Maxwell Municipal School Student/Parent Handbook and understand its content. We acknowledge that the student named above will agree to abide by these rules and regulations and that disciplinary action will take place if these rules and regulations are broken.

Students and parents/guardians of our students, it is your responsibility to know the rules, regulations, and standards contained in the Maxwell Municipal School Student/Parent Handbook.

It is important for you and your student to go over the handbook, and retain it for future reference.

### PLEASE COMPLETE THE FOLLOWING:

#### RELEASE OF INFORMATION:

\_\_\_\_\_ I DO NOT give permission for the release of directory information to ANY OUTSIDE organization.

\_\_\_\_\_ I DO NOT give permission for the release of directory information to ANY MILITARY organization.

Should your child become eligible for honor roll recognition on KRTN Radio Station and/or the local newspaper,

Do you give your permission to disclose their name? \_\_\_yes \_\_\_no

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date

#### CONFIDENTIALITY OF STUDENT RECORDS

I have received and read the Maxwell School Student/Parent Handbook statement titled "Confidentiality of Student's Records". I understand my FERPA rights as a parent to review my child's records, to request a copy (upon paying the copying charge), and to challenge the content if I believe it is inaccurate or misleading.

I do \_\_\_\_\_, or do not \_\_\_\_\_ wish to have directory information concerning \_\_\_\_\_ released without my prior written consent.

\_\_\_\_\_  
Student's name

By signing this form, you are acknowledging receipt of Notification of Rights under the Family Education Rights and Privacy Act (FERPA) for elementary and secondary schools in the Maxwell Municipal School Student/Parent Handbook

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Form A (1 of 2)

## Student/Parent Handbook Acknowledgment Form (2022-2023)

### ATTENDANCE POLICY ACKNOWLEDGMENT FORM

Please read the Maxwell Municipal Schools Attendance Policy that is included in the Student Handbook. Please sign below to acknowledge that you and your student have read the attendance policy.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date

**MAXWELL MUNICIPAL SCHOOLS**  
**STUDENT REGISTRATION/EMERGENCY FORM (2022-2023)**

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Student's Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

**School Reach Number** (This is the number our automated School Reach contacts. It is the first number we will call in the event of an immediate emergency.): \_\_\_\_\_

Is the student eligible to ride a bus? Yes \_\_\_\_\_ No \_\_\_\_\_

Does student need bus transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Father \_\_\_\_\_ Step-Father \_\_\_\_\_ Guardian \_\_\_\_\_**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

**Mother \_\_\_\_\_ Step-Mother \_\_\_\_\_ Guardian \_\_\_\_\_**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Attended Maxwell Schools Before: Yes \_\_\_\_\_ No \_\_\_\_\_

Enrolled in any Special Education Programs: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what services does he/she receive:

\_\_\_\_\_

\_\_\_\_\_

Form B (1 of 2)

## STUDENT REGISTRATION/EMERGENCY FORM (2022-2023)

**Student' Emergency Release Information:** This information enables parents or guardians to *authorize* emergency treatments for children who become ill or while under school authority, when parents cannot be reached. Upon completion of this form, please return it to school.

For your child's safety, the Maxwell School District will only release your child to the following people (include telephone numbers, if possible). *(Our data system has the capacity to list 3 emergency contacts. The contacts are called in the order of their listing if we cannot contact you. We will consult this form when someone other than those listed in our system attempt to pick up your child.)* We will **always** call the parent first. **Please remember to update this list if there are any changes or call and let the district know of such changes.**

Name	Relationship to Student	Phone

Name of Student's Family Physician \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_ A copy of your child's current health insurance card must be on file.

\_\_\_\_\_ No, we do not have insurance. **Your child must have health insurance to participate in school sponsored activities and field trip.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*NEW STUDENTS TO THE DISTRICT NEED TO PRESENT A COPY OF THEIR BIRTH CERTIFICATE AND A COPY OF THEIR IMMUNIZATIONS.**

**CUSTODY/GUARDIANSHIP DOCUMENTS:**

If parenting plan of divorce decree affecting custody is in effect, please provide a notarized copy to the school office.

If a document of legal guardianship is in effect, please provide a notarized copy to the school office.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced-price meals, **unless you tell us not to.*** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced-Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced-price meals).

---

**No! I DO NOT** want information from my Free and Reduced-Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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For more information, you may call Cindi Berry at **575-375-3000** or e-mail at **[cberry@maxwellp12.com](mailto:cberry@maxwellp12.com)**.

Return this form to Maxwell Municipal School with student packet.

## SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- 
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application.
- No! I **DO NOT** want school officials to share information from my Free and Reduced Price School Meals Application.

If you checked yes to the box above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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For more information, call Cindi Berry at **575-375-3000** or e-mail at **[cberry@maxwellp12.com](mailto:cberry@maxwellp12.com)**.  
Return this form to: Maxwell Municipal Schools with Student packet



**MAXWELL MUNICIPAL SCHOOL  
2022-2023  
STUDENT'S MEDICAL AUTHORIZATION FORM**

**TO GRANT CONSENT FOR:** \_\_\_\_\_

**Student's name**

Permission is granted for the above student to be transported by, Maxwell Municipal School District to various activities during the 2022-2023 school year. I fully understand that Maxwell Municipal School District is not liable for bodily injury, property damage, or personal injury sustained by said student on these trips.

Permission is hereby granted in case of emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the following medical care providers, hospital and to the attending physician and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary. This includes proceeding with any medical or minor surgical treatment, x- ray, examinations and necessary medication for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the fastest way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of my child will be given.

Nothing in this section shall be construed to impose liability on any school official or school employee, who, in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

**Doctor** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Dentist** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Hospital** \_\_\_\_\_

**Phone** \_\_\_\_\_

**PHYSICIAN SHOULD BE ALERTED**

Please indicate if student has had or is currently under treatment for any of the following conditions: Give year or age when problem occurred.

\_\_\_ ASTHMA

\_\_\_ MENINGITIS

\_\_\_ DIABETES

\_\_\_ MIGRANT HEADACHES

\_\_\_ EAR/HEARING PROBLEMS: (type) \_\_\_\_\_

\_\_\_ MUSCULAR WEAKNESS OR PARALYSIS

\_\_\_ EMOTIONAL PROBLEMS: (type) \_\_\_\_\_

\_\_\_ BLEEDING DISORDERS

\_\_\_ SEIZURES

\_\_\_ HIGH BLOOD PRESSURE

\_\_\_ HEART PROBLEMS: (type) \_\_\_\_\_

\_\_\_ TETANUS SHOT (date) \_\_\_\_\_

\_\_\_ OTHER \_\_\_\_\_

\_\_\_ ALLERGIES: (type) \_\_\_\_\_

\_\_\_ REACTION TO MEDICINE INJECTION \_\_\_\_\_

\_\_\_ HOSPITALIZED FOR SERIOUS ILLNESS, SURGERY ACCIDENT \_\_\_\_\_

\_\_\_ USE OF CONTACT LENSES: \_\_\_\_\_ USE OF GLASSES

\_\_\_ LONG TERM MEDICATIONS \_\_\_\_\_

PLEASE ADD ANY PROBLEM NOT LISTED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**MAXWELL MUNICIPAL SCHOOL  
Parental Trip Permission  
2022-2023**

I \_\_\_\_\_ give permission for  
(Parent/Guardian Name)

\_\_\_\_\_ to be transported by  
(Student Name)

Maxwell Municipal School District to various activities during the 2022-2023 school year.

I fully understand that the Maxwell Municipal School District is not liable for bodily injury, property damage, or personal injury sustained by students on these trips.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*



**Copyright**

I give Maxwell Municipal Schools the right to copyright and/or publish, reproduce, or otherwise use my child's name, voice, and likeness and/or written material, photographs, motion pictures, and audiovisual recordings about or by my child for instructions, advertising, website use, publications or brochures, or any other lawful purpose whatsoever. This includes the use of my child's name and photo in the 2022-2023 Maxwell School Yearbook.

I hereby agree to relinquish all rights, title and interest I may have in the finished product and waive all rights to any compensation thereof.

\_\_\_\_\_  
*Parent or Legal Guardian (printed name)*

\_\_\_\_\_  
*Parent or Legal Guardian (signature)*

\_\_\_\_\_  
*Date*





STRICT USE ONLY

District:

School:

NEW MEXICO PUBLIC EDUCATION DEPARTMENT  
LANGUAGE USAGE SURVEY  
~for parent or guardian to complete~

The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions. You will complete this form only once in your child's educational career.

Student's Name:

Date of Birth:

Grade Level:

Answer each question by marking either the **YES** or **NO** box.

YES

NO

1. Does the student use a language(s) other than English with his/her family and friends?

2. Do you use a language(s) other than English with the student?

3. Does the student understand when someone communicates with him/her in a language other than English?

4. Does the student read in a language(s) other than English?

5. Does the student write in a language(s) other than English?

6. Does the student interpret for you or anyone else in a language(s) other than English?

7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.

- American Sign Language (ASL)
- Arabic
- Cantonese
- Diné
- French
- Greek
- Hmong
- Jicarilla Apache
- Italian

- Keres
- Khmer
- Korean
- Mescalero
- Apache
- Mandarin
- Portuguese
- Russian
- Somali

- Tiwa
- Tewa
- Towa
- Vietnamese
- Zuni
- Other

OTHER QUESTIONS

8. Is the student transferring from another state, district, or school?  
If yes, please provide location and name of school:

9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)?

10. In what language do you prefer to receive communication from the school?

11. In what language would you prefer to communicate with school staff?

12. Is there anything else we should know about how to best serve your child?

Signature of Parent or Guardian:

Date:

Translator:

Language:

Date:

Sólo para uso del distrito:	District:	School:
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**ENCUESTA DEL USO DEL IDIOMA**  
**DEPARTAMENTO DE EDUCACIÓN PÚBLICA DE NUEVO MÉXICO**

~ padres o tutores deben llenar~

El propósito de esta encuesta es asegurar que su hijo/hija reciba una educación de la más alta calidad y los servicios que tiene el derecho de recibir. La información que usted proporcione será utilizada solamente para ayudar a la escuela a tomar decisiones programáticas. Responderá a este formulario solamente una vez en la trayectoria de educación de su hijo/hija.

Nombre del estudiante:	Fecha de nacimiento:	Nivel/Grado:
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Responda a cada pregunta marcando la casilla bajo **SÍ** o **NO**

	SÍ	NO
1. ¿Usa el/a estudiante otro idioma(s) además del inglés con su familia o sus amigos?		
2. ¿Usa usted otro idioma(s) además del inglés con el estudiante?		
3. ¿Comprende el estudiante cuando alguien se comunica con él o ella en un idioma además del inglés?		
4. ¿Lee el/a estudiante en otro idioma(s) además del inglés?		
5. ¿Escribe el estudiante en otro idioma(s) además del inglés?		
6. ¿Le interpreta o traduce el estudiante a usted o a alguna otra persona en otro idioma(s) además del inglés?		

7. ¿Si respondió **SÍ** a una o más de las preguntas 1-6, ¿cuále(s) idiomas además del inglés usa el estudiante con más frecuencia en casa? Escoja hasta tres:

D árabe	D Jicarilla apache	Dtewa
D cantonés	D keres	D tiwa
D diné	D koreano	D towa
D español	D lengua de señas americana (ASL)	D vietnamés
D francés	D mandarín	D zuni
D griego	D mescalero pache	
D hmong	D portugués	D Otros
D italiano	D ruso	
D jemer	D somali	

**OTRAS PREGUNTAS**

8. ¿Se traslada el estudiante de otro estado, distrito o escuela?  
 Si este es su caso, favor de proveer la ubicación y el nombre de la escuela:

9. ¿Ha recibido el estudiante instrucción escolar en otro(s) idioma(s) además del inglés? ¿Si la respuesta es sí, cuál idioma(s)?

10. ¿En cuál idioma prefiere recibir información de la escuela?

11. ¿En cuál idioma prefiere comunicarse con los empleados de la escuela?

12. ¿Hay algo más que deberíamos saber para servir mejor a su hija/hijo?

Firma del padre o tutor:	Fecha:
Traductor/intérprete:	Idioma:
	Fecha:

## Maxwell Municipal Schools

### Student Dental Examination Verification Form

Upon initial enrollment in a district or charter school, New Mexico Administrative Code (NMAC) 6.12.13 requires schools to verify student records of dental examination. This rule also allows for an informed opt-out process based on parent or guardian understanding of the risks associated with not having a dental examination.

Maxwell Municipal Schools is dedicated to promoting the health of our students. We recognize oral health care is essential for general wellbeing and can have a significant impact on overall health. According to the [Centers for Disease Control and Prevention](#) (CDC), tooth decay is one of the most common chronic diseases of childhood in the United States. Left untreated, it can cause pain and infections that may lead to problems with everyday activities like eating, talking, playing, and learning. Routine oral health care such as dental visits, daily oral hygiene, healthy eating and consuming of water can help prevent tooth decay and other oral health conditions.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Please check the applicable response below:

I confirm that my child has received a dental examination within the past calendar year.

My child has not received a dental examination within the past year. I understand the risks associated with my child not receiving a dental examination, and I request a waiver allowing my child to be enrolled. If checked, this signed document may serve as the Student Dental Examination Waiver as defined by NMAC 6.12.13.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you interested in learning more about oral health resources for your child? Please contact Maxwell Municipal Schools at 575-375-3003, or the New Mexico Department of Health, Office of Oral Health at 505-827-0837.

**Form G**





## DEVICE CHECK-OUT AND RESPONSIBILITY AGREEMENT

Will your student be checking out a device? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Laptop/Device Tag No. \_\_\_\_\_ Check if laptop was issued with carrying case

Estimated Replacement Value \$300.00 - \$500.00 \_\_\_\_\_ Check if iPad was issued with cover

Date checked out \_\_\_\_\_

The equipment described above is assigned to the user for the purpose of instruction, demonstration, research, or general educational support.

### THIS EQUIPMENT IS SUBJECT TO RETURN ON DEMAND

We understand that we may be responsible for any costs for repair of damages incurred by misuse or replacement due to loss or theft of the above piece of equipment while it is in our possession. We agree to return this equipment when asked.

We agree not to alter, delete or copy any software loaded on this computer. We agree that it is our responsibility to uninstall any additional software loaded on laptop prior to its return. We agree to provide licensing agreements upon request for software loaded. We agree that this equipment will not be used illegally or in violation of Maxwell Municipal School (MMS) Internet User Agreements.

We have read and understood the MMS Laptop Policy and the MMS Internet Use Policy. We agree to follow these policies and the above stipulations.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Chromebook Cord Replacement is \$30.00

\*iPad Cord Replacement is \$10.00

\_\_\_\_\_

Date Returned \_\_\_\_\_

Defects, damage, or known problems with equipment and/or software at time of check-out:

\_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

**Form H**